

RECONCILIATION OF PETTY CASH FUND

In accordance with PPM 10,752, reconciliation should be done at least monthly.

If fund is being replenished, attach the form to Payment Voucher DA-120.

If fund is not being replenished, retain the form in the agency files (do not send it to Accounts and Reports).

Agency Number _____

Date of Reconciliation _____

Agency Name _____ Petty Cash Fund No. _____

Authorized Amount of Petty Cash Fund..... \$ _____

Accounted for as follows:

Cash on Hand **Per Count:**

Currency..... \$ _____

Coin..... _____

Add: Paid Receipts on Hand (number from _____ to _____) _____

Total (Must agree with "Authorized Amount") \$ _____

(Signature of Person Confirming Cash)

Reimbursement Requested per Attached Payment Voucher, DA-120:

Petty Cash Voucher No.	Amount	Petty Cash Voucher No.	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Note: If log is used, attach a copy of the log instead of listing the payments.

Total (Must agree with "Paid Receipts on Hand") \$ _____

I do hereby certify that the claims covered by this reconciliation were contracted for the State under authority of law and that the amount claimed is correct and unpaid.

(Signature of Supervising Employee)